

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045749

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 300 Registrar's No. 388

VS 300  
Rev. 4/59

10017

20017

3

4 1

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94341

10

11

12 70-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATE

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)  
Kirksville Length of stay in lb  
Yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTE 703 N. Franklin St. Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Adair

c. CITY OR TOWN Kirksville Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
703 N. Franklin St. Residence on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)  
First Middle Last  
BERTHA MAY ABNEY

4. DATE OF DEATH  
Month Day Year  
December 10 1962

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☒ Widowed ☐ Never-Married ☐ Divorced ☐

8. DATE OF BIRTH  
5/11/99

9. AGE (last birthday)  
63

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Homemaker

10b. KIND OF BUSINESS OR INDUSTRY  
Own Home

11. BIRTHPLACE (City and state or country)  
Texas County, Mo.

12. CITIZEN OF WHAT COUNTRY  
U S

13a. FATHER'S NAME

Ezeka Willhite

13b. MOTHER'S MAIDEN NAME

Mary Jane UNK

14. NAME OF HUSBAND OR WIFE

James A. Abney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

17. INFORMANT  
Address  
James A. Abney, Kirksville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for part I, part II, and part III)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

2-3 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

congestive Heart Failure

2-3 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

- asthma - phlebotomias

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from since 1961 to 12-10-62 and last saw her alive on 12-10-62  
Death occurred at 300 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE  
[Signature] (Degree or title)

22b. ADDRESS  
Kirksville (Mo) Catholic Hosp

22c. DATE SIGNED  
12/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE  
12/14/62

23c. NAME OF CEMETERY OR CREMATORY  
Ft. Madison

23d. LOCATION (City, town, or county) (State)  
Adair County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Foster Memorial Home, Kirksville, Mo.

25. DATE RECD. BY LOCAL REG.  
12-14-1962

26. REGISTRAR'S SIGNATURE

Doris W. Rathff

Permit issued Dec 14, 1962

D. E. Maddox, D.O.

FEB 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.